

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/69/552

FILING DATE

10-18-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2		X				
3		X				
4		X				
5		X				
6		X				
7		X				
8		X				
9		X				
10		X				
11		X				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	33					
TOTAL CLAIMS	34					

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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